Case 18-18146-elf Doc 77 Filed 07/24/19 Entered 07/24/19 09:17:50 Desc Main Fill in this information to identify your case: Debtor 1 Earle Stanley Greer Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Eastern District of Pennsylvania Check if this is an Case number <u>18-18146elf</u> amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** Part 1: 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. X Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim Priority** Nonpriority amount amount 2.1 DELAWARE COUNTY TAX CLAIM BUREAU **\$11,141.14** \$11,141.14 \$0.00 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? 201 WEST FRONT STREET Number As of the date you file, the claim is: Check all that apply. **MEDIA** 19063 Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only Domestic support obligations ☐ At least one of the debtors and another ☐ Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other. Specify_ X No Yes DELAWARE COUNTY TAX CLAIM BUREAU Last 4 digits of account number _ ___ _{\$16,169.38} \$16,169.38 \$0.00 Priority Creditor's Name When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. 201 W FRONT STREET Contingent **MEDIA** PA 19063 ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations ☐ Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another ☐ Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset?

No Yes

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Pa	rt 1. Your PRIORITY Unsecured Claims	-Continuation Page			
Afte	er listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
2.3	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name	Last 4 digits of account number	\$ <u>17,280.74</u>	<u>\$17,280.74</u>	\$0.00
	201 W FRONT Number Street	When was the debt incurred? 1/18/2018			
		As of the date you file, the claim is: Check all that apply.			
	MEDIA PA 19063 City State ZIP Code Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	Do a cura			
	☐ Debtor 1 and Debtor 2 only	 Domestic support obligations Taxes and certain other debts you owe the government 			
	☐ At least one of the debtors and another	☐ Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the claim subject to offset?				
	X No ☐ Yes				
2.4	DELAWARE COUNTY TAX CLAIM BUREAU	Last 4 digits of account number	\$8,581.56	\$ <u>8,581.56</u>	\$ <u>0.00</u>
	Priority Creditor's Name 201 WEST FRONT STREET	When was the debt incurred? 01/18/2019			
	Number Street	As of the date you file, the claim is: Check all that apply.			
	MEDIA DA 400CO	Contingent			
	MEDIA PA 19063 City State ZIP Code	☐ Unliquidated			
	ony State 211 code	☐ Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	☐ Domestic support obligations			
	☐ Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government			
	☐ At least one of the debtors and another	Claims for death or personal injury while you were			
	lacksquare Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the claim subject to offset?	- Culci. Opeony			
	XI No □ Yes				
2.5	DELAWARE COUNTY TAX CLAIM BUREAU		e15 938 46	\$15,938.46	¢0 00
	Priority Creditor's Name	Last 4 digits of account number	φ.10,000.10	<u> </u>	φ <u>σ.σσ</u>
	Number Street	When was the debt incurred?			
	201 WEST FRONT STREET	As of the date you file, the claim is: Check all that apply.			
	MEDIA PA 19063	Contingent			
	City State ZIP Code	☐ Unliquidated ☐ Disputed			
	Who incurred the debt? Check one.				
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	☐ Domestic support obligations			
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Taxes and certain other debts you owe the government			
	_	Claims for death or personal injury while you were intoxicated			
	☐ Check if this claim is for a community debt	Other. Specify			
	Is the claim subject to offset?				
	☐ Yes				

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Par	Your PRIORITY Unsecured Claims	-Continuation Page			
Afte	r listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
2.6	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name Number Street 201 WEST FRONT STREET MEDIA PA 19063 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number	\$10,335.24	\$10,335.24	\$0.00
2.7	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name Number Street 201 WEST FRONT STREET MEDIA PA 19063 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number	\$23,063.76	\$23,063.76	\$ <u>0.00</u>
2.8	DELAWARE COUNTY TAX CLAIM BUREAU Priority Creditor's Name 201 WEST FRONT STREET Number Street MEDIA PA 19063 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number	\$8,968.94	\$8,968.94	\$0.00

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Pai	Your PRIORITY Unsecured Claims	-Continuation Page			
Afte	er listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
2.9	DELAWARE COUNTY TAX CLAIM BUREAU	Last 4 digits of account number	\$13,077.70	\$ <u>13,077.70</u>	\$ <u>0.00</u>
	Priority Creditor's Name 201 WEST FRONT STREET Number Street	When was the debt incurred? 1/23/2019			
	Number Sireet	As of the date you file, the claim is: Check all that apply.			
	MEDIA PA 19063 City State ZIP Code Who incurred the debt? Check one.	□ Contingent□ Unliquidated□ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only	 Domestic support obligations Taxes and certain other debts you owe the government 			
	☐ At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the claim subject to offset?	_ culor. Spoorly			
	X No				
	Yes				
2.10	PA DEPARTMENT OF REVENUE	Last 4 digits of account number	\$ <u>19,249.10</u>	\$19,249.10	\$0.00
	Priority Creditor's Name PO BOX 280946	When was the debt incurred?			
	Number Street				
		As of the date you file, the claim is: Check all that apply.			
	HARRISBURG PA 17128	Contingent			
	City State ZIP Code	Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	☑ Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only	_			
	☐ Debtor 1 and Debtor 2 only	Domestic support obligations			
	☐ At least one of the debtors and another	☐ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the claim subject to offset?	Other. Specify			
	ĭ No				
	Yes				
2.11		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name				
	Number Street	When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply.			
		☐ Contingent			
	City State ZIP Code	☐ Unliquidated			
	Who incurred the debt? Check one.	☐ Disputed			
	Debtor 1 only	Type of PRIORITY unsecured claim:			
	Debtor 2 only				
	☐ Debtor 1 and Debtor 2 only	 Domestic support obligations Taxes and certain other debts you owe the government 			
	☐ At least one of the debtors and another	Claims for death or personal injury while you were			
	☐ Check if this claim is for a community debt	intoxicated Other. Specify			
	Is the claim subject to offset?				
	□ No				
	☐ Yes				

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	First Name Middle Name Last Name DOCUMENT	Page 5 of 8	
Pa	rt 2: List All of Your NONPRIORITY Unsecured Claims		
3.	Do any creditors have nonpriority unsecured claims against you ☐ No. You have nothing to report in this part. Submit this form to the ☒️ Yes		
	List all of your nonpriority unsecured claims in the alphabetical priority unsecured claim, list the creditor separately for each claim. For included in Part 1. If more than one creditor holds a particular claim, fill out the Continuation Page of Part 2.	or each claim listed, identify what type of claim it is. Do not list	claims already
	1		Total claim
4.1	AFNI	Last 4 digits of account number	\$328.00
	Nonpriority Creditor's Name	When was the debt incurred? 2016	\$328.00
	PO BOX 3097 Number Street		
	BLOOMINGTON IL 61702 City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
	☑ Debtor 1 only ☐ Debtor 2 only	Disputed	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	s
	X No	Other. Specify	
	Yes		
4.2	AMERICAN EXPRESS	Last 4 digits of account number 2 0 0 8	\$23,338.23
	Nonpriority Creditor's Name	When was the debt incurred? 2011	
	PO BOX 1270 Number Street		
	NEWARK NJ 07101	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	;
	X No	Other. Specify Credit Card Charges	
	Yes		
4.3	BANK OF AMERICA	Last 4 digits of account number	\$28,000.00
	Nonpriority Creditor's Name	When was the debt incurred? 2011	\$20,000.00
	PO BOX 15019 Number Street	-	
	WILMINGTON DE 19886	- As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code		
	Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Turns of NONDDIODITY	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?	that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Charges	3
	Yes	other. Specify ordait oald orlanges	

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art 2:	Your NONPRIORITY	Unsecured	Claims -C	ontinuation	Page
	1041 110111 11101111 1	Oliscoulcu	Olullii O	On thin dation	. ugc

Afte	r listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
4.4	INFINITI FINANCIAL SERVICES	Last 4 digits of account number	\$6,000.00
	Nonpriority Creditor's Name PO BOX 650424	When was the debt incurred? 2011	
	Number Street DALLAS TX	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	■ Debtor 1 only □ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	M Other. Specify CAR LEASE	
	X No ☐ Yes		
4.5	LOAN BUILDER	Last 4 digits of account number	\$18,000.00
	Nonpriority Creditor's Name	When was the debt incurred? 2018	
	3505 SILVERSIDE ROAD Number Street		
	WILMIMGTON DE 19810	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only ☐ Debtor 2 only	Type of NONDBIODITY upgequired eleim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	XI No ☐ Yes		
4.6	WELLS FARGO	Last 4 digits of account number	\$ <u>46,000.00</u>
	Nonpriority Creditor's Name	When was the debt incurred? 2011	
	PO BOX 30086 Number Street	when was the debt incurred?	
	LOS ANGELES CA 90030	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Time of NONDRIGHTY was a second of the	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim: Student loans	
	At least one of the debtors and another Obligations arising out of a separation agreement or divorce		
	□ Check if this claim is for a community debt you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? Other. Specify		
	X No ☐ Yes	· · · 	

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Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page

Afte	er listing any entries on this page, number them beginning with	4.5, followed by 4.6, and so forth.	Total claim
4.7		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	Φ
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Yes	Other. Specify	
4.8		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one. Debtor 1 only	Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Yes	Other. Specify	
4.9		Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed☐	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	Student loansObligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☐ No ☐ Yes	Other. Specify	
			_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6.	Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.
	Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$0.00
from Part 1	6b. Taxes and certain other debts you owe the	6b.	\$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00
			Total claim
Total claims	6f. Student loans	6f.	<u>\$0.00</u>
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$ <u>57,338.23</u>
	6j. Total. Add lines 6f through 6i.	6j.	\$ <u>57,338.23</u>